- 1. If the original receipt is missing for whatever reason, the cardholder must contact the vendor and request a replacement.
- 2. If the vendor will not provide an original or replacement receipt, or an affidavit verifying the purchase, the appropriate supervisor must complete and sign the Missing Receipt Form explaining why the receipt is not available, and the steps taken to attempt to obtain a replacement. Missing Receipt Forms in lieu of receipts should be rare and should be used only after every reasonable attempt to obtain an original or replacement receipt has been made.
- 3. When a Missing Receipt Form must be used in lieu of a receipt, in addition to the justification as described in #2 above, the Form should verify that the purchase was authorized and was for a business purpose. Pertinent information such as the name of the cardholder, cardholder number, date of purchase, vendor name and address, purpose of the purchase, description of the items purchased, cost of each item, amount of tax paid, and the total price should also be included in a Missing Receipt Form.
- 4. Once signed by the supervisor, the Missing Receipt Form should be retained along with any available supporting documentation for the purchase in question (i.e. packing slip). The Missing Receipt Form, along with supporting documents should be filed in the appropriate procurement card file and should be readily available upon request by the Business Office or by Audit Services.
- 5. Through ongoing audit efforts, Audit Services will be checking for the use of adequate Missing Receipt Forms in lieu of an original invoice and to determine whether missing invoices has become a consistent problem for some cardholders. Missing invoices are procurement violations and will be handled in accordance with the established procurement card rules presented in the On-line Guide <u>http://www.nmsu.edu&7Eboffice/pcard-guide/violations.htm</u>
- 6. This form is to be included in the cardholder's receipt imaging package.



ROUTING

Phone:

# **SECTION 1: REQUESTOR INFORMATION**

## CARDHOLDER

Name: \_

\_ E-mail Address: \_

#### Department: \_\_\_\_

\_\_\_\_ MSC: \_

## **SECTION 2: REQUEST DETAILS**

### **Required Information:**

Give a detailed description (dates and times) of steps taken to obtain an original receipt, replacement receipt or affidavit.

## Vendor Information:

Address:	lame: Account Number: (if applicable)			
Purchase Information:       Date:       Item(s) Purchased     Purpose     Cost       1.     \$     <	Address:	City: State	Zip:	
Date:     Purpose     Cost       1.     \$     \$       2.     \$     \$       3.     \$     \$       4.     \$     \$       5.     \$     \$       6.     \$     \$       7.     \$     \$       8.     \$     \$       9.     \$     \$       10.     \$     \$	Contact Person: Contact Phone:			
Item(s) Purchased     Purpose     Cost       1.     \$     \$       2.     \$     \$       3.     \$     \$       4.     \$     \$       5.     \$     \$       6.     \$     \$       7.     \$     \$       8.     \$     \$       9.     \$     \$       10.     \$     \$	Purchase Information:			
1.   \$     2.   \$     3.   \$     4.   \$     5.   \$     6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	Date:			
2.   \$     3.   \$     4.   \$     5.   \$     6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	Item(s) Purchased	Purpose	Cost	
3.   \$     4.   \$     5.   \$     6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	1.		\$	
4.   \$     5.   \$     6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	2.		\$	
5.   \$     6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	3.		\$	
6.   \$     7.   \$     8.   \$     9.   \$     10.   \$	4.		\$	
7.   \$     8.   \$     9.   \$     10.   \$	5.		\$	
8.   \$     9.   \$     10.   \$	6.		\$	
9. \$   10. \$	7.		\$	
10. \$	8.		\$	
	9.		\$	
	10.		\$	
Tax Charged (if applicable): [⊅	Tax Charged (if applicable):		\$	
Total Purchase (must equal total amount charged on PCard): \$				

# SECTION 3: REQUESTOR / CARDHOLDER SIGNATURE

Print Name: \_\_\_\_

Signature: \_\_\_\_\_

**SECTION 4: OFFICIAL APPROVAL** 

Supervisor Print Name: \_\_\_\_

Signature: \_\_\_\_

Date: \_

Date: \_